

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<http://www.courts.state.nh.us>

Court Name: \_\_\_\_\_

Case Name: Termination of Parental Rights of \_\_\_\_\_

Case Number: \_\_\_\_\_  
(if known)

**PETITION FOR TERMINATION OF PARENTAL RIGHTS**

(RSA 170-C)

Your petitioner(s) represents the following:

1. Petitioner Name \_\_\_\_\_ Telephone \_\_\_\_\_

Petitioner Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residence Address \_\_\_\_\_

2. Attorney Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

3. Petitioner(s) relationship to child: ☐ Guardian ☐ Parent ☐ Foster Parent  
☐ Legal Custodian ☐ Authorized Agency

4. Child Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Residence Address \_\_\_\_\_

5. Birth father name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing address \_\_\_\_\_

Birth mother name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing address \_\_\_\_\_

6. If either parent is a minor, complete the following information as applicable.

Maternal father \_\_\_\_\_

Address \_\_\_\_\_

Maternal mother \_\_\_\_\_

Address \_\_\_\_\_

Paternal father \_\_\_\_\_

Address \_\_\_\_\_

Paternal mother \_\_\_\_\_

Address \_\_\_\_\_

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7. The person having custody/guardianship/acting in *loco parentis* or the organization or authorized agency having legal custody or providing care for the child is:  
Name \_\_\_\_\_

Address \_\_\_\_\_

8. The court has jurisdiction because the child is present in the State or is in the legal custody or legal guardianship of an authorized agency located in the state, and the child, parent or guardian resides in the county.

9. Your petitioner respectfully represents that there are sufficient grounds for the termination of the parental rights of \_\_\_\_\_  
over \_\_\_\_\_

pursuant to RSA 170-C:5 due to: (Check those that are applicable.)

- ☐ Abandonment of the child
- ☐ Failure to support, educate or care for the child
- ☐ Failure to correct conditions of neglect or abuse under RSA 169-C
- ☐ Mental deficiency or mental illness of the parent
- ☐ Sexual, physical, emotional or mental abuse of the child
- ☐ Parent is incarcerated for a felony and found, pursuant to RSA 169-C, to have abused and neglected the child.
- ☐ Parent has been convicted of one or more of the following offenses:
  - ☐ (a) Murder, pursuant to RSA 630:1-a or 630:1-b, of another child of the parent, a sibling or step-sibling of the child, the child's other parent, or other persons related by blood or marriage, including a minor child who resided with the defendant.
  - ☐ (b) Manslaughter, pursuant to RSA 630:2, of another child of the parent, a sibling or step-sibling of the child, the child's other parent, or other persons related by blood or marriage, including a minor child who resided with the defendant.
  - ☐ (c) Attempt, pursuant to RSA 629:1, solicitation, pursuant to RSA 629:2, or conspiracy, pursuant to RSA 629:3, to commit any of the offenses specified in subparagraphs (a) or (b) above.
  - ☐ (d) A felony assault under RSA 631:1, 631:2, 632-A:2, or 632-A:3 which resulted in injury to the child, a sibling or step-sibling of the child, the child's other parent, or other persons related by blood or marriage, including a minor child who resided with the defendant.

10. Specify here your factual allegations in support of your petition.

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11. If petitioners are foster parents, the following conditions have been met:

- (a) The child has lived in the foster home continuously for 24 months; and
- (b) The foster parents have requested in writing the licensed child-placing agency to legally free the child for adoption, but the agency has not initiated proceedings, and there is reasonable cause to believe the grounds exist.

12. Your petitioner asks that the parental rights of \_\_\_\_\_

over \_\_\_\_\_ be terminated and that custody or guardianship of

\_\_\_\_\_ be transferred to \_\_\_\_\_

of \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner Signature

State of \_\_\_\_\_, County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Affix Seal, if any

\_\_\_\_\_  
Signature of Notarial Officer / Title

**To be completed by Division for Children, Youth and Families ONLY.**

Court Name \_\_\_\_\_ Case Number \_\_\_\_\_

Attorney representing parents \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

DCYF Attorney \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

DCYF Social Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Child's GAL \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_